

Potsdam Food Co-op Member-Owner Form

Head of Household Name:

LAST

FIRST

Please List All Other Adult (17 Years or Older) Members of Household:

LAST

FIRST

LAST

FIRST

LAST

FIRST

LAST

FIRST

Mailing Address:

STREET / APT. #

CITY

STATE/ZIP

Primary Phone:

Alternate Phone:

Email Address:

**The Potsdam Food Co-op does not sell or share our members' personal information with other individuals or organizations without the written consent of the member.*

Store Options:

- I would like to receive electronic copies of my store purchase receipts through my email.
- I would like to receive marketing emails and may opt-out by unsubscribing at any time.
- I would like to use my member card as a prepaid debit card for store purchases.

*If your card is lost, please notify us so we can stop payments made with the card.

*We will always require A member card for payment with member-owner account funds.

Working Options: As a member-owner, you can work to receive a 10% or 20% discount on your purchases. If you are interested, then please check in with a staff member for available positions, or visit our website.

CASHIER USE ONLY

MEMBER-OWNER #: _____

NOTES:

Month/Day/Year: _____

Staff Initials: _____

New Member-Owner

Renewing Member-Owner

10% Discount Given

Replacement Cards Issued

OFFICE USE ONLY

Entered in Database (Initial) _____